

April 25, 2003

MDR #: M2-02-0779-01

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery and Spine Surgery.

Clinical History:

This female claimant underwent arthroscopic surgery on 12/12/00 for a torn meniscus resulting from an on-the-job injury on _____. It was found at that time that she has a torn medial meniscus and tri-compartmental degenerative disease.

Disputed Services:

Total knee arthroplasty.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the knee arthroplasty was not medically necessary in this case.

Rationale:

The medical records provided for review do not support that the degenerative joint disease is sufficiently extensive to merit a total knee replacement. The x-rays taken on 07/21/00 report, "There is no narrowing of the knee joint." The 12/12/00 operative report mentions tri-compartmental degenerative joint disease, but does not reference the degree of arthritis. Also, there was absence of grade III or grade IV changes noted in this operative report. The office notes do not reflect a physical examination or history that would support the necessity for a total knee replacement.

Based on the absence of documentation, whether it be in the surgeon's office notes, in the form of imaging studies, or in the operative report, it is impossible to decide favorably for a total knee replacement.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on April 25, 2003.